Medical Testing Services and Products

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required Potential persons who are to respond to the confection of missing to respond unless the form displays a currently valid OMB control number. 21-898 (6/99)ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an acilable state exemption state exemption unless such exemption is predicated on the filing of a federal UNITED STATES OMB APPROVAL .CURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: 3235-0076 FORM D Expires: May 31, 2002 NOTICE OF SALE OF SECURITIES Estimated average burden PURSUANT TO REGULATION D, hours per response... 1 SECTION 4(6), AND/OR SEC USE ONLY UNIFORM LIMITED OFFERING EXEMPTION Serial Prefix Name of Offering (check if this is an amendment and name has changed, and indicate change.) DATE RECEIVED Up to 40,000,000 Shares of Common Stock @ \$.10 per Share Filing Under (Check box(es) that [ ] Rule 505 [ ] Rule 504 [ X ] Rule 506 [ X] Section 4(6) [ ] ULOE apply): Type of Filing: [X] New Filing [] Amendment JAN 3 1 2002 A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer EINANCIAL Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Home Access Health Corporation (847) 781-2500 Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 2401 West Hassell Road, Hoffman Estates, Illinois 60195-5200 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** 

BW

[ X ] corporation [ ] business trust	٠,	I partnership, already formed I partnership, to be formed	[	[ ] other (please specify):		
The first of the control of the cont		Month Year		and a second of the second	nga mpilitang ang ka ka ka kan mang mang ang kanang ka	
Actual or Estimated Date o Organization:	f Incorporation or	[1]2] [9]2]		[X] Actual	[ ] Estimated	
	n or Organization: (E	Enter two-letter U.S. Postal Ser	vice abbreviation	on for State:		
·		Canada; FN for other foreign j				

# **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [ ] Promoter [ X ]	Beneficial Owner	[X]	Executive Officer [X] Director []	General and/or Managing Partner
Full Name (Last name first, if individual)	A. Co. Shipayda Jacobski para daba dabadi. Albu		an annua ya mwana uzu mwana isa katainina mwa katainina mwana wa katainina wa katainina wa katainina wa katain	ing garage and the same and a second constitution of the same and the
Tracey T. Powell				
Business or Residence Address (Number and Stro	eet, City, State, Z	Zip Code	en grande van steren van steren en e	1955 - John G. L. V. Joseph C. Breit (1956) (1956) (1956) (1966) (1966)
2401 W. Hassell Road, Suite 1510, H		-		
Check Box(es) that Apply: [ ] Promoter [ ]			Executive Officer [X] Director []	General and/or Managing Partner
Full Name (Last name first, if individual)	la a China di China a	en e	gya kanangan panahanangan dalah dalah kamanlangan panahari P. P. Penahaman, M. B. Salah Penahari P. K. Salah P	
Richard A. Quattrocchi				
Business or Residence Address (Number and Stre	eet, City, State, Z	Zip Code		une, and an interference of the second s
2401 W. Hassell Road, Suite 1510, F	Hoffman Esta	ates. II	60195	
Check Box(es) that Apply: [ ] Promoter [ ]	eric - com grad Statistand on district months again	.20000.2.2007.200	Executive Officer [X] Director []	General and/or Managing Partner
Full Name (Last name first, if individual)	C ARTHRIT (Fig. 4) A. A. AMPALL CONTROL TO LIGHT CONTROL TO A STATE AND A MANAGEMENT AND A			
Bennett T. Crown				
Business or Residence Address (Number and Str	eet, City, State, 2	Zip Code	e)	
2401 W. Hassell Road, Suite 1510, F	Hoffman Esta	ates, II	L 60195	
Check Box(es) that Apply: [ ] Promoter [X]	Beneficial Owner	[ ]	Executive Officer [X] Director []	General and/or Managing Partner
Full Name (Last name first, if individual)		(vii. 1812 vii. 1813 vii. 180	en e	The second secon
Peer Pedersen				
Business or Residence Address (Number and Str	eet City State 7	7 in Code		of Magazia (Magazia) and Angel Company (Angel Magazia) and Angel Company (
161 North Clark Street, Suite 3100, 0	-	-		
Check Box(es) that Apply: [ ] Promoter [ X	AND AND ADDRESS OF THE PROPERTY OF THE PARTY	[]	Executive Officer [X] Director []	General and/of Managing Partner
Full Name (Last name first, if individual)	n - en en accesario de la competition	, the medical character of the second personage to	endage (San Alice : rest of William) from the Artistation of Polynomial Artistation (Artistation of States of	ur da sektrologis (1965) da elektrologis (1965) sektrologis (1964) de elektrologis (1965) de elektrologis (196
Donovan A. Langford III				
Business or Residence Address (Number and Str	eet, City, State, 2	Zip Cod	e)	
Oakbrook Terrace Tower, Suite 2242	2, One Towe	r Lan	e, Oakbrook Terrace, IL 6018	1
Check Box(es) that Apply: [ ] Promoter [ X	] Beneficial Owner	[]	Executive Officer [X] Director []	General and/o Managing Partner
Full Name (Last name first, if individual)	Carrier and Ca	CONTRACTOR CONTRACTOR	er terretaria de la compositiva del compositiva della compositiva	and a supplemental state of the supplemental
Kenneth R. Finnegan	aaast <del>eessaas</del>			
Business or Residence Address (Number and Str	eet, City, State, 2	Zip Cod	e)	
One Malcolm Avenue, Teterboro, N	J 07608			

Check Box(es) that Apply: [ ] Promoter [ X ]	Beneficial Owner	[]	Executive Officer [X]	Director [ ]	General and/or Managing Partner
Full Name (Last name first, if individual)	ACMADERICA (FOR ACMADE AND ACMADE		and the state of the		200 2000 A Principal de Company des companys de la company
Terence J. Gunning					
Business or Residence Address (Number and Str	eet, City, State,	Zip Cod	e)		na-santanin'i Paris dia mandria dia ma
1290 Wall Street West, Lyndhurst, N	IJ 07071				
Check Box(es) that Apply: [ ] Promoter [ X ]	Beneficial Owner		Executive Officer [ ]	Director [ ]	General and/or Managing Partner
Full Name (Last name first, if individual)		alliali e aliani e e e e e e e e e e e e e e e e e e e	uus een 18 maalda oli kaaseen dan eeli saksi saaskiis jooda dii distaatiin ka ka ka ka ka ka ka ka dii saasaa a	and the second s	DO TO CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR AND CONTRACTOR A
Quest Diagnostics Incorporated					
Business or Residence Address (Number and Str One Malcolm Avenue, Teterboro, N.	•	Zip Cod	e)	Palamania (1984) y Palaman Propinsi Lawa (1984)	
Check Box(es) that Apply: [ ] Promoter [ X ]	Beneficial Owner	[ ]	Executive Officer [ ]	Director [ ]	General and/o Managing Partner
Full Name (Last name first, if individual)	- турос тара арадын Толгу туроод оо оо ороо ууласын	or other transfer to the control of			
Abbott Laboratories					
Business or Residence Address (Number and Str	eet, City, State,	Zip Cod	le)		
100 Abbott Park Road, Abbott Park,	IL 60064-	3500			
Check Box(es) that Apply: [ ] Promoter [ X ]	Beneficial Owner	[]	Executive Officer [ ]	Director [ ]	General and/o Managing Partner
Full Name (Last name first, if individual)	and the second s				-19-5-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Dean L. Buntrock					
Business or Residence Address (Number and Str	eet, City, State,	, Zip Coc	ie)	o de para l'agranda de l'agranda de la companya de la cidada de la companya de la cidada de la companya de la c	ili kari sa kilabi sami sa arawa na ar
Oakbrook Terrace Tower, Suite 224	2, One Tow	er Lan	e, Oakbrook Terrac	e, IL 6018	1
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(Use blank she	eet, or copy an	d use ad	ditional copies of this sh	eet, as necessa	ry.)
	B. INFOR	MATIO	N ABOUT OFFERING		
1. Has the issuer sold, or does the issuer intend t	o sell, to non-ac	ccredited	investors in this offering	? Yes	
Answer also in Appendix, Column 2, if filing un	der ULOE.				
2. What is the minimum investment that will be	accepted from	any indiv	ridual?	\$	N/A
3. Does the offering permit joint ownership of a	single unit?			Yes [ X	
4. Enter the information requested for each person	on who has bee	n or will	be paid or given, directly	or	

<sup>4.</sup> Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five

Full N	Jame (La	ast name	first, if	individ	ıal)	e and in a committee of the depth of Mandel Andrean and account		• 0 70000000000000000000000000000000000	ne to and to come for gift or finding anticom	AND THE PROPERTY OF THE PROPER	on and the second s	- Constitution of the Cons
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States in	1 Which Pe	rson Listed	d Has Solic	ited or Int	ends to Sol	icit Purcha	sers					<del></del>
(Check	"All State	s" or check	individual	States)						[ ] All	States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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States i			(individua [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<sup>1.</sup> Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

	Offering Price	Sold
Debt	\$	\$
Equity	\$ <u>4,000,000</u>	\$
[X]Common []Preferred		
	•	\$
Convertible Securities (including warrants)	5	9
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$ <u>4,000,000</u>	\$
Answer also in Appendix, Column 3, if filing under ULOE.		а
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	Managhan Important	Dollar Amount
Accredited Investors	Number Investors	\$
Non-accredited Investors  Total (for filings under Rule 504 only)		\$ \$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	ı	
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$ \$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-	
Transfer Agent's Fees	[ ]	\$
Printing and Engraving Costs	[X]	\$ <u>1,500</u>
Legal Fees	[X]	\$ <u>7,500</u>
Accounting Fees	[]	\$
Engineering Fees	[]	\$
Other Expenses (identify)	[]	\$
Total	[X]	\$9,000
b. Enter the difference between the aggregate offering price given in response to Part C - Qu total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted proceeds to the issuer."		\$ <u>3,991,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers,			
	Directors, & Affiliates	Payments To Others		
Salaries and fees	[]\$	[]\$ []\$		
Purchase of real estate	[]\$	[]\$		
Purchase, rental or leasing and installation of machinery				
and equipment	[]\$	[]\$		
Construction or leasing of plant buildings and facilities	[]\$	[]\$		
Acquisition of other businesses (including the value of				
securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$		
Repayment of indebtedness	[]\$	[]\$		
Working capital	[]\$	[X] \$3,991,000		
Other (specify):	[]\$	[]\$		
	[]\$	[]\$		
Column Totals	[]\$	[]\$		
Total Payments Listed (column totals added)	[X]	<u>3,991,000</u>		

Dosmante to

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under <u>Rule 505</u>, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type) Home Access Health Corporation	Signature Date 01/21/02
	Title of Signer (Printor Type)
Tracey T. Powell	Chairman and CEO

	ATTENTION
100	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	14.6.500 (16.6.50 (16	***************************************
E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No [X]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

  N/A

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Home Access Health Corporation	01/22/02
Name of Signer (Print or Type)	Title (Print or Type)
Tracey T. Powell	Chairman and CEO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	1	Type of investor and amount purchased in State (Part C-Item 2)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount		Amount	Yes	No
AL		X							
AK		X							
AZ		X							
AR		X							
CA		X	*						
СО		X							
СТ		X							
DE		X							
DC		X							
FL		X	*					**************************************	
GA		X							
HI		X							
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MN	X							
MS	$\frac{X}{X}$	HAMILANO NICOLO DE LA CONTRACTOR DE LA C						
мо	X							
мт	$\frac{X}{X}$		*******************************					
NE NE	X							
NV	X	<u> </u>						
NH	$\frac{X}{X}$				 			[
NJ	X				!	] 		
NM NM	X							
NY	X							
NC NC	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	*				<u> </u>		
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OR	X							
PA	X	*					-	
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VA	X					İ		
WA	X							
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wi	X					1		-
WY	X					<b></b>		
PR	X							

<sup>\*</sup> Up to 40,000,000 shares of Common Stock @ \$.10 per share (\$4,000,000)

http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999